

DATE RECEIVED: \_\_\_\_\_

COMPLAINT NO.: \_\_\_\_\_

## KENTUCKY BOARD OF LICENSURE OF MARRIAGE AND FAMILY THERAPISTS

### Complaint Form

#### Person Filing Complaint

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_

#### Client Information

(if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to person filing complaint: \_\_\_\_\_

#### Name of Therapist

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_

#### Name and phone number of persons who may provide additional information

1. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

4. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

#### Brief Summary of Complaint

(Please be as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.)

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**Send to:** **KY Board of Licensure of Marriage and Family Therapists** **Phone: (502) 564-3296, ext. 239**  
PO BOX 1360 **Fax: (502) 564-4818**  
FRANKFORT KY 40602

# **Authorization for Release of Medical and Client Records to the Board of Licensure of Marriage and Family Therapists**

I, \_\_\_\_\_, the undersigned, do hereby authorize the full  
(*print name here*)  
release of any and all medical and client records, billing information, and medical and psychological  
reports from \_\_\_\_\_, Licensed Marriage and Family Therapist, regarding  
the medical and psychological history, diagnosis, and treatment of me while a patient of the  
therapist to the Board of Licensure of Marriage and Family Therapists or any authorized agent or  
investigator of the Board.

I understand that the above records may be used by the Board in the investigation and  
possible disciplinary prosecution under KRS Chapter 335 against the therapist. I further  
understand that the Board will make reasonable efforts to protect the confidentiality of my records  
under KRS Chapter 61 and KRS Chapter 13B, or other applicable law.

A photocopy of this authorization shall be deemed effective as an original.

This authorization shall be effective for one year from the date of signing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client, or parent/legal guardian if  
client is under 18 years of age

Kentucky Board of Licensure of  
Marriage and Family Therapists  
PO Box 1360  
Frankfort KY 40602

Telephone: (502) 564-3296, ext. 239

FAX: (502) 564-4818

## **Filing a Complaint**

### **What are your rights?**

You have a right to expect a professional standard of service and conduct from a marriage and family therapist. If you believe a therapist has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky Board of Licensure of Marriage and Family Therapists. As the body responsible for regulating the marriage and family therapy profession and protecting the public in matters related to marriage and family therapy, the Board will review your complaint and take appropriate action.

### **How does the complaint process work?**

Complaints that have been received in writing at the Board office will be acknowledged immediately by letter. The complaint will then be forwarded to the therapist for their response. Once the response is received, the complaint and response will be reviewed by the Board's Complaint Review Committee at the next board meeting. If no law appears to have been broken, you will receive notification from the Board. If the Board believes a law may have been broken, an investigation will take place. If the Board files formal charges against a therapist or his/her agency as a result of the investigation, an administrative hearing may be held. This formal hearing involves lawyers, a court reporter, a hearing officer and witnesses. If the Board finds that the therapist has not met the prescribed standard of service and conduct, it has the authority to impose penalties ranging from suspension or loss of a license to a reprimand. A penalty may be reached by agreement between the Board and the therapist.

### **What might I expect from filing a complaint?**

The complaint process is a detailed and careful one, and you should expect some delay. In every case the therapist or his/her agency will be informed that a complaint has been filed, the name of the complainant, and the disposition of the complaint. Not every complaint results in disciplinary action by the Board if the therapist has not violated the laws governing the practice of marriage and family therapy. If charges are filed, a hearing may be held similar to a court trial, and it is open to the public. You may be subpoenaed as a witness to provide testimony regarding the case. In this event the Assistant Attorney General assigned to the Board will assist you in preparing for the hearing. If the Board orders a specific sanction, the therapist has the right to appeal, and a final decision may be delayed in the courts. While you may have an opinion regarding the process and outcome of processing your complaint, please remember that the decisions to dismiss or settle a case or propose disciplinary measures are solely the decision of the Board and may be subject to review by the courts.

If the Board files formal charges or takes formal action against a therapist, most portions of the investigative file will become a "public record" which can be viewed by any individual who requests to do so. The record may include your written complaint, transcripts, or reports of interviews, letters, and other reports. All testimony and evidence admitted in a formal hearing have the status of public record as well. *Client records obtained in the process of investigation usually can be protected from disclosure as public records.*

Throughout the various stages of the complaint process, you will be kept informed. You will also be advised of the final outcome.

### **How do I make a complaint?**

You should complete the complaint form that accompanies this information sheet. Make sure you give all pertinent information. Please sign the complaint form so that the Board may look further into your concerns. Complaints should be mailed to:

**KY Board of Licensure of Marriage and Family Therapists  
PO Box 1360  
Frankfort, KY 40602**

**Phone: (502) 564-3296, ext. 239  
Fax: (502) 564-4818**